

PATIENT

Lucy Leverton

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered male

AGE

9 years

WEIGHT

52 lbs

PRESENTING CLINICAL SIGNS

- P presented for ADR. staring in kitchen, chattering teeth, personality changes, PU/PD, eating a lot, more gassy
- Thoracic rads showed possible mildly enlarged heart with trachea displaced dorsally, increased opacity in cranial lung fields.
- Rad attached

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. There is no pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. There is a moderately sized heart based mass effect in the peri-aortic region of the heart base. There is no overt pulmonary artery compression noted at this time.

INTERPRETED BY

Remo Lobetti, BVSc,
 MMedVet (Med),
 PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Kathleen Byrnes, DVM

HOSPITAL NAME

Animal

REFERRING VET

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	23.64	160	3.83	2.59	1.21	3.55	2.04
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	43	0.4	1.2	1.4	None	None	NM

ULTRASONOGRAPHIC FINDINGS

These findings do not identify the presence of any underlying heart disease, nor is there evidence of any pulmonary hypertension. There is a sizable heart base tumor seen, which most likely represents a chemodectoma. In many cases, a chemodectoma is clinically silent, and any respiratory signs are more likely related to primary airway disease associated with the breed.

INVOICE

DATE

1/29/26



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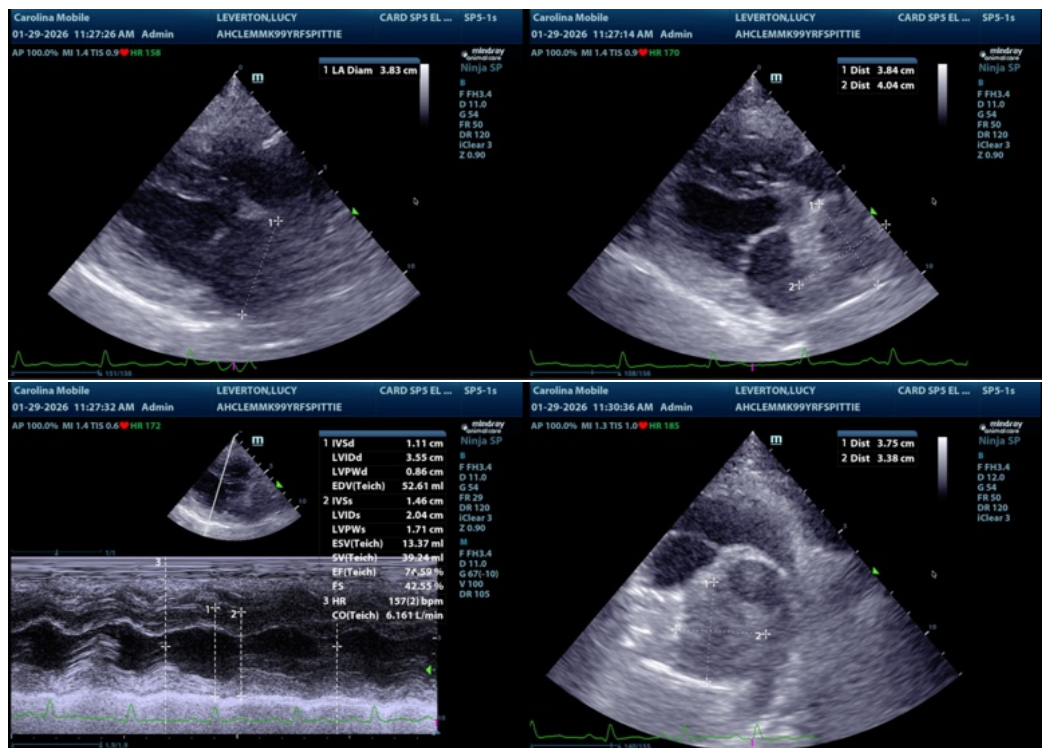
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At this time there is no indication for cardiac therapy. In addition, there is no definitive treatment for a chemodectoma, as these masses are generally not resectable. There may be chemotherapeutic or radiation options available, but serial monitoring of the mass is also reasonable given their typically slow growth. Surgical intervention may be warranted if/when pericardial effusion is present (which is not in this case).

Anesthesia considerations:
 No special considerations are necessary.

Diet:
 No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:
 No special considerations are necessary. Specific therapy would be dependent on an etiological diagnosis.





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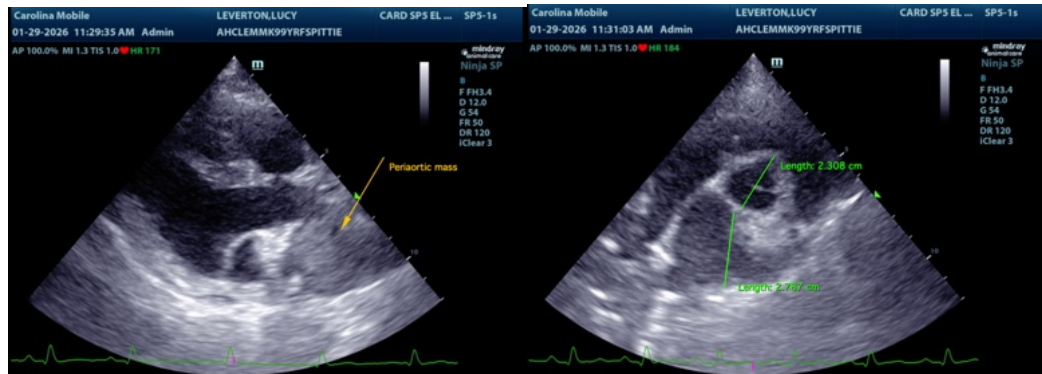
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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